

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000101412

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** WEST COAST BEHAVIORAL HEALTH, LLC

**Current Principal Place of Business:**

6125 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

6125 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:** 20-3624375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GULECAS, JAMES F ESQUIRE  
1968 BAYSHORE BOULEVARD  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ZIA, SHAZIA  
Address: 6125 STATE ROAD 54  
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHAZIA ZIA

MGR

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date